United Nations E/CN.9/2014/NGO/6

Economic and Social Council

Distr.: General
21 January 2014

Original: English

Commission on Population and Development
Forty-seventh session
7-11 April 2014
General debate on national experience in population matters: assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

Statement submitted by Shirkat Gah Women's Resource Centre, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement

Shirkat Gah Women's Resource Centre, a feminist collective working since 1975 for women's rights and social justice in Pakistan, has been proactively monitoring the State's initiatives to fulfil its commitments under the Programme of Action of the International Conference on Population and Development and Millennium Development Goal 5. The present statement summarizes key points.

The maternal mortality ratio in Pakistan is 276, according to the Pakistan Demographic and Health Survey, 2006-2007. Access to emergency obstetric and post-partum care is poor and only 56 per cent of women are able to access antenatal care. A host of factors such as distance, transport, cost, permission and/or escort and knowledge of options come into play.

Hospital-based data from 2013 show that 700,000 women in Pakistan have post-abortion complications annually. Our research and experience indicate that most abortions take place in clandestine settings and that this figure is just the tip of the iceberg. Women often resort to unsafe abortion because of the lack of reproductive choices and family planning services and commodities. Abortions account for 6 per cent of maternal deaths and are often used for family planning. Unmarried women are at higher risk of suicide and death and morbidity following unsafe abortion resulting from the social stigmatization of pregnancy.

The contraceptive prevalence rate in Pakistan is 30 per cent and the burden of family planning largely lies with women. The social norm is large families, exacerbated by the social imperative to produce sons. Early marriage, women's and girls' low status in society, and limited female education and employment opportunities all contribute to low contraceptive use and high fertility rates. Awareness of family planning is disseminated by word of mouth and by lady health workers, the media, etc., but increasing demand is not being met with an increase in supply. Lady health workers are appreciated because they provide services at the doorstep, but they are limited to providing pills and condoms, indicating a dearth of commodities and choices.

Reproductive health services are not available to adolescents, especially in rural settings, owing to lack of trained providers and because of social and cultural barriers. No component of health education or awareness-raising specifically addresses adolescents.

Early marriage is prevalent and data suggest a correlation with maternal mortality. Shirkat Gah's published research in Sindh found an average age at marriage of between 12 and 14 for girls; 18 per cent of Pakistani women have had their first baby by the age of 18.

Evidence shows a positive correlation between girls' secondary education and reproductive health outcomes and yet, according to UNICEF, 77 per cent of girls drop out of schools after the primary level.

Violence against women is critically related to the reproductive well-being of women. In Pakistan, media reports revealed that there were 65,316 cases of such violence between 2008 and 2011 but, owing to a lack of data collection mechanisms and the stigma associated with openly sharing and reporting domestic violence, these figures grossly underrepresent the reality. Besides domestic violence, reports of sexual violence and harassment, honour killings, early and/or forced marriages,

social and economic deprivation and psychological torture emerge every day and are documented in various research reports by Shirkat Gah. Sexual minorities continue to suffer violence, social stigmatization and marginalization and remain deprived of opportunities and rights.

These alarming statistics are among the worst in South Asia. The outcome document of the Sixth Asia and Pacific Population Conference, held in 2013 in Bangkok, endorsed by Pakistan, contains progressive language on sexual and reproductive health and rights, but robust commitment and political will by the Government are required to bring about tangible changes in the current status of those rights.

On 30 December 2013 Shirkat Gah held a national consultation of 35 civil society organizations and various rights activists, elected representatives and government officials. Civil society shared its concerns and advocated for bringing sexual and reproductive health and rights issues to the forefront in the post-2015 development agenda and representing these concerns at the review of the Programme of Action of the International Conference on Population and Development to be held in 2014. The participants agreed that reproductive health and rights were fundamental human rights, and endorsed the following recommendations addressed to the State, which reflect Shirkat Gah's own findings. The Government of Pakistan should:

- Apply the human rights framework to address the stagnating sexual and reproductive health rights indicators and work proactively to provide universal access to sexual and reproductive health, while upholding the rights and dignity of citizens
- Create an enabling socioeconomic and political environment for women within an equality and equity framework to enable women to fully access and exercise their rights
- Adopt a comprehensive approach to ensuring access to information and affordable and quality care at all stages of a woman's lifecycle and across locations (home, community and health facilities)
- Support safe delivery for all births at home and in institutions by an effective referral system, including emergency obstetric care through registered, trained traditional birth attendants
- Build awareness among service providers of the importance of young people's health needs, such as client-centred counselling and health care, and their capacity to meet such needs
- Formulate adolescent-sensitive health programmes, e.g., institutionalizing life skills-based education
- Adopt a coherent information dissemination policy for the Health and Population Welfare Departments
- Increase funding for health and population policies and programmes
- Institutionalize maternal death surveillance and monitoring systems and annual reporting
- Introduce national and provincial policies on post-abortion care

- Ensure the availability of affordable essential and non-essential drugs and regulate the quality, uniformity and accountability of services and the pricing systems of the private sector
- Address the social determinants of health that impede women's access to quality reproductive health services. A strongly patriarchal society, deep-rooted discriminatory attitudes, violence and fear of violence, harmful traditional practices and parallel legal systems are all deterrents to achieving the goals outlined in the Programme of Action
- Adopt policies with an integrated and multisectoral approach to overcome viewing sexual and reproductive health and rights in isolation, including socioeconomic and political factors, urbanization, migration and the environment; ensure equitable sharing of benefits of sustainable economic development
- Strengthen health system governance to ensure accountability and transparency mechanisms at the central and implementation levels by ensuring that the bureaucracy and the technocracy work in unison; prioritizing the principles of health equity and evidence-based decision-making; and identifying weaknesses in policy, planning, health information and monitoring units to increase their effectiveness

Recommendations in the context of devolution of the Ministries of Health and Population Welfare

For clarity and consistency, the Government should design one national population policy framework in consultation with the provinces, civil society, academia, the private sector and other stakeholders that defines the relationship between the federal and the provincial governments for the execution and implementation of the Population Welfare Programme and the relationship between provincial components of the countrywide Population Welfare Programme. Other essential components of the framework should be:

- Continuation of the Population Welfare Programme as a priority at the provincial level
- Allocation of adequate resources for the recurrent and expansion costs of the Programme
- Development and adoption of provincial population policies within a stipulated time to ensure that the Programme continues without any setback after the stoppage of federal funding in June 2015. The policies must be in line with the national commitments to the Programme of Action of the International Conference on Population and Development and should be the basis of a national plan of action for reproductive health. One possible mechanism for coordination could be the revitalization of the Pakistan National Commission on Population as well as development of provincial commissions
- Carrying out of the much-delayed census to assess the impact of policy implementation
- Building upon the commendable work of the technical wing of the former Ministry of Population Welfare, the Directorate of Clinical/Non-clinical

Training and its allied regional training institutes, and the population welfare training institutes to ensure a constant supply of skilled personnel, through competency-based training

In conclusion, we call upon the Government of Pakistan to address the issues around health system governance so that reproductive health rights can be accessed by all without fear and discrimination and holistic health and population policies and laws are implemented effectively. We also urge the Government to fulfil its international commitments related to women's rights, health and well-being, namely the Programme of Action of the International Conference on Population and Development, the Millennium Development Goals, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child.